## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10804489

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)							۰.` ا	TYPE [		OR	SMALL	ENTITY	
TOTAL CLAIMS			23					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			J₀3 mir	nus 20=	* 3			X\$ 9=		OR	X\$18=	54	
IN	DEPENDENT C	LAIMS	3 m	inus 3 =	* /			X43=		OR	X86=	,	
MULTIPLE DEPENDENT CLAIM PRESÈNT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II									<del>-</del>	4	OTHER	THAN	
(Column 1) (Column 2						(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AIA	-		X43=		OR	X86=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
		CLAIMS		HIGH	ST		Г		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	<del>dest</del>		=		X\$ 9=		OR	X\$18=.		
\ME	Independent	*	Minus	***		=		X43=	,	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								+145=		OR	+290=	•	
			<b>A</b> l	TOTAL DDIT, FEE		OR	TOTAL ADDIT: FEE	<u>.</u>					
	· 												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
<b>AME</b>	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		<u>ص</u>	<del></del>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nu	mber Previously Pa	id For IN THIS	SPÁCE is	less than	20, enter "20."	ΑĽ	TOTAL DOTT. FEE		OR,	TOTAL ODIT. FEE		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													